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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.
J. C. MARTIN, M. D.
Editor and Owner.

ADDRESS IN BEHALF OF THE FACULTY OF BARNES MEDICAL COLLEGE.

By G. M. Phillips, M. D.

Professor of Genito-Urinary Surgery and Venereal Diseases.

Delivered at Commencement Exercises in Fourteenth Street Theater, St. Louis Mo., April 6th, 1897.

Fortunate, indeed, is he who can set his thoughts to words, and more fortunate still is he who can master and speak his own mind. For occasions like this demand that mention be made of many matters, and withal this mention must be brief. It is my privilege this evening to address you in behalf of this Faculty—the Faculty of a Medical College, of an institution whose past work has been well directed; one whose present achievements, brilliant beyond compare, and one whose future intentions are far-reaching and know no bounds. In offering such an address to an audience like this, made up, as it is,

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of medical men, but especially and conspicuously of those non-medical. I will depart from the usual custom of such occasions. I will not attempt a learned dissertation or essay upon a scientific subject. I will not rattle over the dry bones of our departed medical heroes. I will not resurrect and rebury them, nor will I cover them deeper by heaping tributes and offerings upon their memories, however much it would be my pleasure to indulge. But what I would love the power to do, the thing that would give me greater pleasure than all this, and to my mind would be a greater advantage to those really upon the scene today, would be to dwell upon the present efforts and good work now doing by just such men as are gathered here this evening—it would be to set on foot and encourage the practice of withdrawing the stings and stumbling blocks from our neighbor's pathway and placing instead an occasional rose. If we could be indnced to recognize the good in others and offer to them fitting encouragement as they pass our way, very soon *we* will be made *better*, *stronger* and *happier*, and very soon it would be that our cemeteries would be ornamented, not by the tomb of a *single* hero, but by the tombs of *many*.

My address, then, will be a plain talk, a few words about our institution, a few syllables of encouragement to our Board of Trustees, a few of like kind to our newly made doctors, and something for our audience proper. Situated at the northeast corner of Thirtieth and Chestnut streets, massive and distinct, unaided by endowment, independent, stands our institution. Named in commemoration of one who has made it possible throughout the ages that are to come, whereby his less fortunate fellowman is to be the beneficiary of his well put millions. From the life, character and Christian spirit of one who by his being has left on record the imprint of a well-spent life, and made the world better in consequence. It is from the example of so good a man as the late Mr. Robt. A. Barnes that we find a name. Like the individual whose name we bear and whose memory we honor, our institution stands conspicuous in her many virtues, As this man displayed wisdom and far-seeing by leaving so great an amount as this in charge of such men as Smith P. Galt, Richard M. Scruggs and Samuel Kennard, and the people thereby assured of its faithful and correct expenditure, so have our affairs been lodged safe in the keeping of *our* Board of Trustees. Fathered, then, by such a body, we

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came into being at an opportune moment, at a time of needed reform in medical educatiou, at an hour when the scientific world was crying aloud. Doctor! keep step in the onward march of civilization! By our magnificent appointments, our spacious and perfected laboratories, the largest and most complete scientific medicines that have ever been known, we have answered ready to this call. This institution, presided over by this Faculty, the crystalization of professional excellence, each man a master in his respective field, has grown. She has prospered. She has attracted admiration from afar off. She has stirred the envy of the narrow, and has attained a pinnacle of prominence from which she sheds the light for weak and tottering sister institutions. Under this guardianship she has done all this, and more. By the example thus set hesitating colleges have taken courage; they have improved their appointments, and have been made to know that virtue, honor and well meant efforts will be recognized, and that the world at large is better than some esteem it. And as the roses that the late Mr. Barnes has strewn along the pathway of his fellowmen lightening their burdens and cheering them on their journey through life have been conducive to good ends, so has it been that the roses let fall by the Barnes Medical College have been the redemption of her sisters. It is not advice that I will now administer to these young doctors. It is not advice they need, nor is it advice alone that builds monuments and characters or makes gentlemen out of men and ladies from women. It is quite as important to recognize, build up and enlarge upon the good that every individual possesses as it is to suppress or aim to blot out by advice the evil. There is little evil in this class. These young men have come to us well recommended and thoroughly qualified. They have subscribed to every law of State and society, written or implied; their conduct has been manly, their diligence is assured. They have come to us in their originality and sincerity, and our severe tests have been successfully stood. Their rough corners have been chiselled away, and as they have passed through the several departments of our institution, each in turn has been carved and burnished and sent away with a master's seal.

The diploma that they now so proudly possess, for the time being is their's. It is evidence of their work—it is their passport and their property, not so in *fee simple*, but so long as

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they continue faithful to the lessons they have learned and the obligations they have assumed; so long as they keep before and about them the Code of Ethics as their guide, and bravely face disease; so long as they receive confessions and keep them safe; so long as they bear with patience the whims and groans of the hysterical and the ill; and so long as they willingly quit their beds and face the blasts of winter's storms. Should they grow weary under the weight of such responsibility and trust; should their ear grow deaf to the call of the destitute widow, the penniless father or the cry of the helpless babe, or should the door be closed upon any suffering creature, no matter how poor, how unworthy or how ungrateful he may be, then it is that this diploma is no longer theirs, but it will return to those who made it. It is then that each member of this Faculty will cancel off his name; our Board of Trustees will blush for shame as the blot is put upon the fair name of your Alma Mater. To be guilty of any irregularity as a man or doctor, to do aught that will level the dignity of your chosen profession; compromise yourself, your classmates or your school, would be but to spit upon and trample under our foot our code of your fathers—it would be to turn from and curse the mother who gave you birth.

"One ship dives east, another dives west,
With the self-same winds that blow—
It's the set of the *sails*, and not the *gales*,
That determine the way we will go.
Like the waves of the sea are the ways of fate
As we voyage along through life;
It is the set of the soul that secures the goal,
And not the calm or the strife."

Ladies and friends, there are no medical skeptics in this class or in our College; there are no blasphemers here; there are none willing to trifle with so sacred a thing as human life or human health. Qualified and sincere, eager to measure back to you generously their talents and their time, they now become candidates for your favors. Mothers and fathers of doctors! be proud of your sons who for humanity are doing so much. Parents of daughters! look kindly upon the growing profession, for the young doctor who knows so much of human nature, so much of its weakness and strength, is complimenting your family with his attentions. He is doing you honor. Encourage

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these attentions, then, for your own good and your daughter's future. And remember that the doctor makes a kind and attentive husband, a faithful and indulgent father, and withal a most excellent son-in-law. Finally, be slow to believe the evil you hear of any one, especially the doctor. Be slow to criticise and complain; be slow to believe others than he is doing his best, and, understand, it is so often without reward. Do not array yourself against the doctor for want of something to do, or to display your own intelligence. Do not appear unusual or take such position without just cause. Do not encourage the meddlesome and fault-finding in their groundless and ungenerous positions toward the doctor, for when you are gone and the doctor comes it would then be your turn, but for the doctor's protection. But let your intercourse with him be the same as with your neighbor. Do not give him too much advice, but be attentive to the good that is in him. Build up and fortify his character with encouragement, and recognition of his good qualities which consist in removing the stings and stumbling blocks from his pathway, and placing, instead an occasional rose.

PEDICULI PUBIS: TREATMENT.

By B. W. Clark, M. D.

Physician and Surgeon for the Fidelity Mutual and Aid Association.

Before speaking of the treatment, I will run rapidly, in a general way, over this subject.

Pediculus (L.) [dim. of Pes.); (F.) pow.; (G.) Laus; (I.) pidocchio.

Is a genus of parasitic, wingless, non-metamorphosing insects, order Hemiptera, living by suction on the blood and secretions of the body.

Synonyms: Phthirius pubis, P. inguinalis (F.) morpion, or crab louse. I do not want to call attention to the symptoms, etiology, anatomical characteristics, diagnosis, of this trouble, except as I have stated, in a very brief, general way.

For the objective symptoms it will suffice to say, that the pediculi are chiefly found in the pubic hair and hair on the raphe of the abdomen; they may spread further and be found on the shaggy hair of the thorax, axilla, eyebrows, eye

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lashes, whiskers, beard, etc. I can find but two cases where this has occurred, but it is such an infrequent site, that we may almost say it never occurs. We find them usually clinging to a couple of hairs, they dig deeply into the hair follicle, which as a rule excites a great deal of persistent irritation. The most common lesions result from scratching.

If the pediculi are allowed to proliferate, you may find a severe eczematous inflammation extending beyond the site of irritation. *Payne* has observed pyrexia in connection with these species. Besides the pediculi and their minute gray colored nits which are attached to the hair close to the skin, Morrison, in 1868, showed the finger-nail sized, steel gray spots of pigmentation (Maculæ, ceruleæ, taches ombrees), are sometimes observed deep in the epidermis of the affected areas.

Dugnet, in 1880-85, showed this pigment could be obtained from the thorax of the animal, opposite the anterior pair of legs, where there are known to be two pair of salivary glands, and it is probable that the secretion enters the tissues through the haustellum.

We find the blue spots more marked in persons having a clear, white, transparent skin, and in the months of February, March and April these blue spots are mere stains in the epidermis, which disappear in a few days after the destruction of the pediculi.

Subjective Symptoms. The principal subjective symptom is the intolerable itching, though in exceptional cases, this is very trifling.

Treatment. Extractum Cannabis Indicæ Fluidum, applied to the part, and rubbed in well. I have had occasion to use this in two or three cases lately that did not respond to the ordinary means of treatment, and I had such excellent results that I decided to mention it in the ERA and see if it may prove of any value as a therapeutic agent in this class of trouble.

The cases I refer to had already been treated with the usual mercurial preparations, chloroform, ether, etc., without flattering results. I will refer to one case where a man had this affection, and had thought himself cured, five or six times, but invariably in a short space of time would find them recurring. He would sometimes find them in the pubic hair, the axilla, on the thorax, back, etc., when he least expected them.

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By the way, he also set up a dermatitis by the frequent use of mercurial agents.

He came to me and I rubbed Cannabis Indica (Fl. Ext.), well into portions affected, with the result that the patient was entirely cured. This occurred almost a year ago, and the patient says he has not seen a sign of a crab since.

I would like very much to hear from some physician who may have occasion to give this a trial.

If it acts in the hands of others as it has with me. I think it will prove an additional specific. If efficient, it has the advantage of being non-irritating, pleasant to handle, and causes the patient no discomfort whatever.

PRACTICAL CLASSIFICATION OF INFANTILE DIARRHŒAL DISEASES, INCLUDING TREATMENT OF SUBACUTE AND CHRONIC FORMS.

New York Post Graduate School.

By Prof. Caille.

Acute and chronic diarrhœal diseases are due to micro-organisms and their toxic products. From the mild to the severe forms we have one chain of pathological conditions. A purely anatomical or microbial nomenclature is at present impossible.

1. *Gastricismus*, acute indigestion, usually no pain. Diarrhœa or constipation. Treatment: No food, plenty of water. Laxative, emetic, enema.

2. *Acute Gastritis*, pain, diarrhœa or constipation, fever, vomiting. Treatment as in No. 1, plus acid muriatic dilut, or bismuth cum opio.

3. *Acute Gastro Enteritis*, (including true cholera infantum), diarrhœa, vomiting, fever, collapse. Treatment: ice, cold tea, whiskey, egg white, etc. Anti-fermentative drugs. Rest for intestinal tract. Stimulation. Irrigation of stomach, etc.

MANAGEMENT OF LOWER BOWEL.

4. *Entero Colitis*. Follicular Enteritis. Diarrhœa, blood, mucus, fever. Treatment: Dietetic, medicinal, irrigation of bowel. During the acute stage treat as in No. 3. See previous lecture. During period of convalescence give astringents:

℞	Acid tannic,	gr. ii	℞	Plumb-acet,	gr. ½
	Pulv. Dover's,	gr. ¼		Pulv. Dover's,	gr. ½
	Chocolad,	gr. v		Sacchari,	gr. v

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℞ Bism. sub-carb., dr. i Aquæ, dr. xiv
Ext. Krameriac, fl. dr. i Syrup, dr. ii
One powder (teasp.) 4 a day.

Tanningen and tannalbin may prove valuable. Irrigation of bowels is possible up to cœcum. Use flexible tube. Elevate hips. Irrigate from 1 to 3 times a day. Boiled water, Acid-Salicyl, 1-1000, (opium), thin starch. Arg. nitr. (dr. ½ to 1 pint).

Suppositories to quiet pain:

℞ Ext. opii.
Ext. belladonna, gr. ⅛
Butyr. cacao, gr. v Use 1 to 3 a day.

Reduce high temperature by baths and sponging.

5. *Dysentery.* Ulcerative process, diarrhœa, blood, mucus, Tenesmus, fever. Treatment: Same as No. 4.

6. *Chronic Gastro-Enteritis.* Infantile atrophy, Marasmus, dilation of stomach, chronic Dyspepsia. *Diet:* Peptonized meat; peptonized milk (Fairchild's powder); sterilized milk. Somatose. Irrigation of stomach and bowels; astringent drugs, see above under No. 4; lozenges or tannate of quinia and chocolate; stomachic and tonic drugs

℞ Acid muriat, dil., dr. 1
Fairchild's essf. pepsin, oz. ii
Tr. quassiæ, dr. ii
Teasp. 3 a day.
Gavage—feeding with stomach tube.

℞ Syr, ferr. iodid.
20 drops ter in die.
Teasp. ter in die.
℞ Sol. Phos. (Thomp.)
20 drops ter in die.

ECZEMA COMPLICATING WOUND.

SCHENK, M.D., MT. CARMEL, ILLS.

Read before the L. E. & St. L. C. C. R. Surgeons Meetings, East St. Louis, Ills., December 9th, 1806.

The anatomy of man in many respects points back to his lowly origin; at least indicates that he has relationships which he would not wish to recognize in fashionable society. The external ears, with their small, useless and atrophied muscles, tell of a time when these useless and questionable ornaments at the sides of the head were used as coverings of the gills. In fact, during a portion of the embryonic stage in man, they still

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serve that purpose; while in fishes and many batrachians they continue throughout the whole life of the individual.

The appendix vermiformis is another instance of a useless organ which we have brought up with us from herbivorous quadrumanous ancestors. So Luschka's tonsil in the vault of the pharynx, and Luschka's gland at the tip of the coccyx are now believed to be the remnants of channels which united the spinal with the alimentary canal, as is still the case in some of the lower forms of animal life.

In the quadrupeds all the large arteries are in the best possible position for protection from external injuries, but when man assumed the erect attitude and began to walk on his hind feet, the abdominal, anterior tibial and radial arteries became seriously exposed, and from the frequent injuries which these blood vessels sustain, it is plain to the surgeon that in this respect, at least, man made a serious blunder when he ceased to walk on all-fours. The wisdom teeth, the inter-maxillary bones, the arrangement of the intercostal arteries all point in the same direction.

When we come to the anatomy and pathology of the skin we find still more striking illustrations of old habits which serve as finger-marks of our origin. In the insects and echinodermata the life history consists largely in giving an account of the various ways and phases of the shedding of the outer coverings of the body. Reptiles and batrachians shed their outer skin, at least once a year, in the form of a slough or coat; while birds and animals do the same thing when they molt or shed their hair in the Spring and Autumn. For, be it remembered that the feathers and hair are only appendages of the skin. The acne, which so often infects the upper portion of the face during puberty and adolescence, is thought to be due to an effort, on the part of the sebaceous follicles, to assume their former function, that of developing hairs. It will be remembered that the whole face is covered, in the lower animals, with hair; often variously modified into whiskers and bristles.

In man, the casting off of the outer skin is usually a continuous process, and there is a constant exfoliation of masses of epithelial scales known as dandruff. Medical literature records in many instances where this exfoliation has occurred, in man, at regular intervals. It is then known as Erythema Exfoliation Recurrens, or Intermittent Scarlatiniform Erythema. In some

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of these cases it is recorded that the whole skin, including the nails, is shed at regular intervals, once or several times during a year; while in other instances it is irregular in its recurrence. Are not these instances of atavism? I am well acquainted with two individuals in whom a large dose of quinine will cause an urticarious eruption, followed, in several days, by the shedding of the epidermis from the whole body in large flakes. Do not these phenomena afford us a rational explanation of the pathological anatomy of inflammatory or exudative skin diseases? In order to produce this exfoliation it is necessary that the normal continuous shedding of the epithelial scales be checked for a time, or that there be an effusion of serum under the epidermis; there will then come a time when the whole accumulation will fall off as slough. This is strikingly illustrated when casts of the soles of the feet and palms of the hands are shed, following a severe attack of scarlatina, rheumatism, valvular disease of the heart or some forms of dermatitis. Severe local inflammations, caused by injuries or abscesses, are usually followed by the shedding, in large masses, of the epithelia that have accumulated during the time such inflammation has lasted.

Eczema is the most common and most annoying of all skin diseases. Geo. H. Fox estimates that fully thirty-three per cent. of skin diseases are of the various forms of this malady. It consists essentially of a non-contagious inflammation of of the skin, in which there is usually a free exudation, and which may be either local or general and cover the whole or greater portion of the body. In this, as in other inflammations, normal degeneration is checked in proportion to the amount of engorgement.

It is well known that many persons are predisposed to attacks of eczema. In many such instances the disease is brought on by dry, cold and windy weather, while in other cases it is excited by just the opposite changes in the atmosphere, while still others suffer from a slight form of the disease at all times. Should an individual, who is thus predisposed, be the subject of an injury or a surgical operation he might readily develop a severe local eczema at the site of the lesion. In most instances this would be charged to the local antiseptic dressings, and would be known as a dermatitis or erythema medicinæ, when in reality it is only the awakening of a pre-existing but dormant eczema. My experience leads me to

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believe this is the true pathology of the great majority of such cases. The following is the history of a case which, I think, well illustrates the lesson which I wish to convey; it caused me much anxiety at the time, but proved to be a source of useful instruction:

Mr. E. P. B., a conductor, age 38, a fleshy man of medium height weighing 215 pounds. On the 18th of September, 1882 he was thrown forward, by a sudden jerk of the train, and in falling he came with his whole weight on his left hand, which struck the upper and outer corner of an open stove door, tearing a deep, irregular gash into the outer half of the palm. The wound was carefully cleansed and sterilized and the necessary stitches taken, then dressed with antiseptic precautions. On the third day after the injury, he called at my office to have his hand redressed. On removing the dressing I found that the skin, for a short distance about the wound, had been raised as if blistered. I irrigated the parts carefully with a Bichloride Mercury solution, dusted the wound with Iodoform, then put on a dry sterilized dressing; and ordered Mur. Tinct. of Iron and Quinine internally, thinking it might turn out to be erysipelas. The next morning, the fourth day after the injury, all of the dressing was dripping wet with a serous discharge from the wound and the surrounding skin. On removing the dressing I found, to my surprise, that the wound proper presented a healthy appearance, but that the vesication had extended in all directions until it had involved the greater portion of the palmar surface of the hand. I supposed that this was possibly due to the Bichloride of Mercury or Iodoform, and so used simple sterilized water and Aristol instead of the Iodoform, and ordered him to return that evening. On that evening I found the dressing as wet as it was the previous evening, and that the blistered surface had extended. I repeated the treatment used in the morning. On the 5th day this dressing was again continued, both morning and evening, the weeping still continued and the vesication had extended still further. On the morning of the sixth day all of the dressing was again thorou hly wet and the skin on the palmar surface of the hand and fingers, and much of that on the back of the hand and wrist, was raised into blisters. The face also presented a deep red and swollen appearance. The original wound was looking quite well, except that it was also discharging serum in abun-

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dance; but there were no ulcerated nor bad odors.

It now came to my mind that two years before I had treated this patient for a severe form of Chronic Eczema Rubrum of both legs. Could it be that this old disease had returned and implanted itself on this fresh wound? Acting on this suggestion I again washed the wound with sterilized water, then dusted it, and the blistered parts, freely with Subnitrate of Bismuth, and dressed it with a vaseline, calomel and Venice Turpentine Ointment and exchanged the Tincture of Iron for Fowler's Solution. Under this course of treatment the daily advance of the vesication began to diminish and in three days was entirely stopped; and in due time the hand and forearm had new skin and the wound was healed.

Since treating this case I have had several more that were similar, but none that were so severe, but I believe that this was due, in part, to the fact that I understood them better and treated them accordingly.

INJURIES TO HANDS AND FEET.

By William R. McMahan, M. D.

Chief Surgeon L., E., St. L., C. & C. R. R., Huntingberg, Ind.

Paper read before the L., E., St. L., C. & C. R. R. Surgeon Meeting, at East St. Louis, Ills., Dec. 9, 1697.

Mr. President and Air-Line Surgeons: Fifty-two per cent. of the injuries that have occurred on the L., E., St. L., C. & C. R. R. during the last twelve months have been of the hands and feet. Hence the importance of this class of injuries to the railroad surgeon; and my excuse for presenting this short paper on this trite subject. It is presumed that the following described operations, as well as other operations done by Air-Line surgeons, will be done with aseptic hands, aseptic instruments, and upon an aseptic field.

The crushing injuries of the hand and feet that we are called upon to treat, often require amputation of one or more fingers, or a part or all of the hand or foot.

In amputating a crushed finger, I believe we ought to remove the finger at the upper part of the crushed bone, separate and slip up the soft tissues from the lower end of the remaining bone, one-third of an inch, and disarticulate or cut off the end of the bone with bone forceps or a small saw; draw down the

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lacerated tissues over the end of the bone, approximate them as neatly as we can, *without sutures*, cleanse the wound, dust with iodoform, apply a moist bichloride dressing, place the hand and finger on a well padded palmer splint, and apply a roller bandage; put arm in proper sling. This method of amputating a finger seems at first glance to be unsurgical, and the wound will require from two to three weeks longer time in healing than it would if we had gone up the finger higher and formed our flaps out of uninjured tissues, approximated and sutured them. But by the first method our patient will have from one-half to three-fourths of an inch more finger when he gets well, with which to continue his struggle for existence.

This method should be followed in all cases unless the patient wants a symmetrical rather than a useful hand.

In crushing injuries of the hand involving the soft tissues and bones, we will often find upon close examination that it is within the range of possibilities to save a part or all of a carpal or metacarpal bone with a portion of one or more fingers. In such cases we should remove nothing but mangled tissue that cannot possibly be saved. Ligate all bleeding vessels, suture tendons and severed nerves, cleanse the wound and render it as near absolutely aseptic as possible, apply a moist bichloride dressing enveloped by rubber-tissue protective; place the hand on a palmer splint, apply a roller bandage and await results. The blood supply of the hand is so great that we often see injuries repaired that seemed well nigh impossible, and under this kind of dressing we can wait for a few days and see what nature can do in the way of repairing the injury without endangering the life of our patient from septicemia. In cases where it is impossible to save any part of the haud, we will have to go above the seat of injury and amputate at or above the wrist joint.

In injuries of the toes and distal ends of the metatarsal bones, to such an extent that the anterior part of the foot has to be amputated, we should cut away the mangled tissue and crnshed bones, separate and push up the tissue from the lower ends of the remaining portion of the metatarsal bones for a half or three-fourths of an inch, and saw off the bones, bring down the contused and lacerated tissue over the ends of the bones and dress antiseptically. If by this method we can save a part of each metatarsal bone, it will give our patient a good foot that

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will amply repay him for the extra time required in healing.

In severe injuries of the anterior half of the foot, where it is possible, we ought to do a Hayes or Lisfrene operation, even though we have to use contused and lacerated tissue for flaps which are liable to slough, but if they do, the wound will, under proper care, heal by granulations, and our patient will have a useful foot.

If the metatarsal and anterior row of tarsal bones are crushed, and the soft tissues in the sole of the foot are not injured, and our patient is a laboring man, we ought to do a Choparts operation, which is an amputation at the medio-tarsal articulation. In doing this operation we commence our incision at a point half way between the external malleolus and the tuberosity of the metatarsal bone on the outside of the foot, and extend it across the top of the foot to a point one-half an inch behind the prominence of the scaphoid on the internal surface of a foot, and dissect up the tissue to the medio-tarsal articulation; commence the plantar flap at the metatarso-phalangeal articulation and carry it back to the ends of the dorsal incision. Extend the foot, disarticulate, cleanse the wound, ligate all bleeding vessels, approximate and suture the flaps, divide the tendo-Achilles, apply an antiseptic dressing, place the leg on a posterior splint with the foot in a flexed position, and apply a roller bandage. In my opinion, we should never perform a Choparts amputation unless we have plenty of healthy and uninjured tissue to form our flaps out of, and can reasonably expect rapid healing of the wound.

If the flaps slough, the continued irritation during a long period of healing, will in the vast majority of cases result in drawing up of the heel so that the weight of the body in walking will be thrown on the anterior part of the stump which will be covered with cicatrical tissue that is always tender.

In injuries involving the metatarsal bones and the tissues of the anterior half of the sole of the foot, and our patient is a laboring man, we had better do a subastragaloid operation. In performing this operation we can take our flaps from the sides or from the sole of the foot. The method that I prefer is to commence the incision one-half an inch below and in front of the internal malleolus, and carry it around the sole of the foot to a point one-half an inch in front of the external malleolus, convex forwards; dissect up the heel tissue from the os calcis,

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keeping close to the bone, and turn the flap over the posterior part of the os calcis and divide the tendo-Achilles; make a dorsal incision from one end of the plantar incision to the other convex forwards; dissect up the tissues, disarticulate the scaphoid and os calcis from the astragulus. If we did not succeed in dissecting the heel flap entirely from the os calcis before disarticulation, we can now complete it. Ligate all bleeding vessels, and if the flaps are not large enough to cover the head of the astragulus without tension, saw it off even with the anterior surface of the ankle joint, put a drainage tube through the lowest part of the bell flap, close the wound and dress antiseptically on a posterior splint.

This amputation gives an excellent stump that is from one to one and a half inches longer than that of a Symes operation, with quite a latitude of motion, and upon which the weight of the body can be borne. In case of injury where the choice of operation lies between a Pirigaffs and Symes' amputation, we should take into consideration the avocation and financial condition of our patient before deciding in favor of one or the other.

If our patient is a laboring man, and without means, I think we should do a Pirigaffs operation.

In doing this operation we should commence our incision one-half an inch below the internal malleolus and carry around the sole of the foot to the tip of the external malleolus; dissect up the tissues from the os calcis towards the heel for one-half an inch, connect the ends of this incision with an incision across the instep; dissect up the tissues to the ankle joint, extend the foot, divide the anterior and malleoler ligaments and complete the disarticulation, slip a small saw behind the joint, guarding against injuring the tendo-Archilles and posterior tibial artery, and saw through the os calcis from above downwards and slightly forwards on a line with the reflected portion of the heel flap, clear the lower end of the tibia and fibula and saw off a thin slice, including the malleoli, ligate the bleeding vessels, cleanse the wound, bring up the heel flap with the posterior part of the os calcis, and close the wound; apply a strip of adhesive plaster to the point of the heel and up each side of the leg to hold the saw surface of the os calcis in contact with the sawn surface of the tibia, and dress antiseptically on a posterior splint.

The stump following a Pirigaffs amputation is one and a

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half inches longer than that after a Symes, and upon which the weight of the body can be borne without pain or difficulty.

If we elect to do a Symes operation, the incision across the sole of the foot should commence one-half an inch below and in front of the internal malleolus and carried around the sole of the foot to the external malleolus. Dissect the heel flap from the os calcis, keeping close to the bone, turn it over the point of the heel, divide the tendo-Achilles, make an incision over the instep covex forwards, connecting with the ends of the plantar incision, dissect up the tissues to the ankle joint, disarticulate, clear the malleoli and saw them off even with the articular surface; ligate all bleeding vessels, cleanse the wound, put in a drainage tube through the depending portion of the heel flap, close the wound with interrupted sutures, dress antiseptically, place the leg on a posterior splint and apply a roller bandage. The stump after a Symes operation is usually an ideal one, and well suited for the artificial limb-maker to display his ingenuity upon. In all cases where we use the tissues of the heel for a flap we should commence our incision *a half an inch below and in front of the internal malleolus*, for the reason that the heel flap is nourished by the calcaneal branches of the external plantar artery, and the further they are divided from their origin the less danger there is of the heel flap sloughing. A man who has had a Symes amputation performed, either walks gracefully with an artificial limb, or he walks on a peg leg.

A man who has had a Choparts, a sub-astragaloid or a Pirigaff amputation done, walks on the stump, either with or without an artificial appliance. In case of injury where we are called upon to decide which of the above described operations to do, we should take into consideration the avocation and financial condition of our patient. If he is a day laborer, and poor in this world's goods, I believe we ought to follow the lines of conservatism and save all the tissue we can.

I have given your Bromidia with success as a remedy for Insomnia, especially where produced by excessive study or mental work.

Dr. Luigi Salucci,
Physician to the Holy Apostolic Palaces,
September 1, 1897. The Vatican, Rome.

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"WE ALL DO FADE AS THE LEAF."

By F. Howard, M. D., 3008 Laclede Ave.

In Memory of Ernest Jones, His Life and Death.

Like summer leaves, when growing green,
Men in their health and strength are seen;
As winter's leaves do fade and fall,
So, one by one, we perish, all.

The old must die, the young may die,
But oft we pause and wonder why
The aged feet still stagger 'long,
While fail and fall the young and strong.

'Tis thus with him we now lament,
'Ere half his natural life was spent,
In youth and strength and manhood's pride
He suddenly sickened and quickly died.

When aged men are bowed in death,
When they have breathed their latest breath,
We sadly weep, but still we know
This is the way that age must go.

But when the young, in manhood's prime,
Are thus cut off before their time,
With tearful eyes and aching heart
We see their strength and life depart.

"Alas, my brother!" falls from our lips,
We weep to see thy soul's eclipse—
We weep, life's race still half unrun—
We weep, life's labor half undone.

May it not be beyond the strife
There dawns for thee a better life?
A life whose strength shall never fail!
Whose anchor is within the veil!

Though here thy sun of life has set,
With heavenly splendor may not yet
Thy *sunset* here be *sunrise* there?
In Beulah's land, where all is fair?

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Though here thy life seemed incomplete,
Yet, setting at the Master's feet,
And learning from His lips divine,
May not perfection yet be thine?

We trust 'tis so, we cannot tell,
But this we know: "He doeth well
All things," and in this trust
We lay thy body in the dust.

ST. LOUIS, Dec. 1, 1897.

HYDROTHERAPHY A SUBJECT FOR CLINICAL TEACHING.

The House of Parliament, Vienna, has taken up the subject of establishing a recognized educational clinic for the purpose of elucidating Hydrotheraphy. The purpose of the bill has so far succeeded in establishing this proposition that the representatives resolved a few days ago to appoint a special commission to inquire into the necessity and propriety of establishing such a school of education, and named Prof Albert as the chairman of the commission. It discussed the various advantages and disadvantages of the treatment, stating that lectures are already given in Italian and German schools while two of the Austrian medical faculties, Vienna and Innsbruck, provide ample instruction for this special treatment. Different doctrines of pathology and therapy are advanced in the elucidation of hydrotherapy that necessitates its connection with the present clinic.—*Journal Amer. Med. Assn.*

This is only another proof of the importance Hydrotherapy is obtaining in scientific medicine. America is not behind in the application of this department of medicine. It has long been practiced together with massage, mechanical and manual Swedish movements at the Alma Sanitarium, Alma, Mich. All classes of chronic, organic and nervous diseases are given this advantage in addition to the regular medical treatment.

It is usually impracticable to practice hydrotherapeutics at home except to a limited extent. The cost of equipment by the patient and physician is more than is desirable to expend. The greatest development of this specialty will be found in such institutions as the Alma, where particular attention is given to this treatment as prescribed by the attending physicians and administered by trained nurses.

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PRACTICAL EVIDENCE

I used your sample of Resinol on myself for Pruritus Ani, which has been my curse for several years, defying all applications. The first application proved efficacious, and I am now using and prescribing Resinol for the above and several other itching troubles. In fact, I think it is the best remedy I have ever used for the diseases for which it is recommended.

H. B. LEIGHTON, M. D., Boston, Mass.

I have used your Resinol in Inflammatory Rheumatism with happy results. Hope others will try it. I know they will be pleased.

E. J. BURNSIDE, M. D., Phila., Pa.

It gives me pleasure to say that Resinol is the best application for local treatment of Eczema I have ever used. I can also bear testimony to its efficacy in Erysipelas, and its soothing and healing virtues in all inflamed surfaces.

A. J. FRENCH, M. D., Lawrence, Mass.

It is but just that I should attest my satisfaction with the use of Resinol. It is a marvel of efficacy in Pruritus Ani. In relief of soreness, due to scalding from acute Nasal Coryza, it acts like a charm.

J. H. THOMPSON, M. D., Goshen, N. Y.

Resinol is by far the best application I have ever used in a practice of 48 years for the diseases recommended. A case of Eczema commencing on the scalp and extending over the entire face, and which had been under the treatment of various physicians with no apparent benefit, was completely cured by it in less than two weeks.

J. J. WORTHY, M. D., Lavalle, Wis.

I am very much pleased with the effects resulting from the use of Ung't Resinol in cases of Itching Piles, Pruritus Ani, and Vulvæ, Eczema, Erysipelas, &c. In fact it is the remedy "par excellence" in all cases where there is a Congested or Hyperæmic condition of the capillary Blood Vessels.

C. D. SMITH, M. D., Atlanta, Ga.

I frequently prescribe Resinol, and am well pleased with its work. It has proved very useful in many forms of eruption of the skin, and especially so in Pruritus Vulvæ or Ani, and in Eczema of other parts of the body.

LUCY HALL BROWN, M. D., Brooklyn, N. Y.

I take pleasure in stating that I have found Unguentum Resinol almost a specific for Pruritus Ani, Itching Piles and Marginal Eczema.

HENRY HUG, M. D., Detroit, Mich

Resinol is a harmless antiseptic and a true skin anæsthetic, absolutely non-irritant and non-toxic (free from lead, mercury or cocaine), can be applied to mucous, excoriated or denuded surfaces of any extent at any age without fear of untoward results, and is not contra-indicated by any internal medication that may be deemed advisable.

Resinol is put up in One Ounce jars at 50 cts. each, and can be obtained at any drug store.
Sample sent **free** on application, or one regular size jar for trial on receipt of 25 cts.

RESINOL CHEMICAL CO., Baltimore, Md.

A Patient's Strength

Medicine does not always sustain it.

FOOD, FOOD, FOOD, IS WHAT IS REQUIRED, BUT IN CONCENTRATED FORM.

Brains! was the reply a prominent painter once made when asked with what he mixed his colors.

Brains! would be the reply of any modern physician if asked what he gave to effect his marvelous cures. There would be as much truth as terseness in the answer.

The same remedy is not always given for the same disease in these times. Circumstances, the age of the patient, and surrounding conditions generally are considered.

The first thing our advanced doctor attends to is the strength of the patient. That must be maintained at all hazards. Medicine can no more be carried to a diseased part, when the blood hardly circulates on account of weakness than a boat can be sailed on a river whose channel has run dry.

NEW BLOOD MUST BE MADE.

New flesh tissue must be built, new strength must be found, and all with the least exertion on the part of the patient.

In such emergencies, beef tea, beef extracts, jellies and other so-called invalid foods have been given, but they were not satisfactory. Too much of the life-sustaining qualities had passed away in the cooking.

Such facts as these led to the discovery of **BOVININE**—the greatest and most concentrated Beef Juice ever produced. It is used and commended by physicians the world over. In thousands of cases it has fanned the smouldering embers of life again into a blaze, and arrested the progress of some wasting disease.

For infants, the aged, convalescents, the over-worked or sick, it is a boon beyond price. No family can afford to omit **BOVININE** from their medicine chest. Though it is not a medicine, it is a preventive of those ills for which medicine is given.

THE BOVININE COMPANY,

London, Paris, Christiana. **495 West Broadway, NEW YORK.**

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SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime.

The Oxidizing Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**".

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOWS,

48 Vesey Street, New York.

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The Saint Louis Medical Era.

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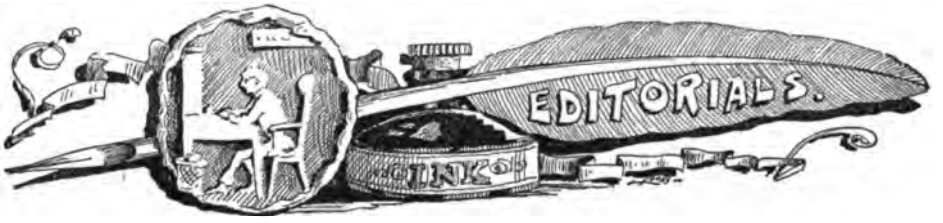

CONGENITAL SYPHILIS.

When syphilis results from a deliberate violation of moral law there can be no sympathy for its victim. A sin is committed and its penalty is incurred. If that ended the evil, the physician's responsibility would be light and easily discharged. But when we consider the remote and far-reaching sequelæ of this loathsome disease, our obligations are not so easily fulfilled. Innocent posterity should not be compelled to suffer from our negligent treatment of patients who have, by immoral lives, forfeited all claims to human sympathy. If Syphilis is a curable disease, which is now generally conceded, a physician falls short of performing his duty, if he abandons a syphilitic patient before a cure is effected, and even then his responsibility to his patient does not end. He should exert all his influence to prevent marriage or sexual intercourse until all danger of transmitting the disease has disappeared. If every physician would adopt this course and endeavor to secure the co-operation of his patients, hereditary syphilis would be a rare disease, and the physical condition of the human family would be wonderfully

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improved. But as long as hereditary syphilis and its pathological accompaniments are transmitted from parents to offspring, they should be met and opposed by the most effective weapons at our command. Congenital syphilis relates to those cases where the fœtus becomes infected in the mother's womb. It is derived from a mother infected either prior to conception or up to about the seventh month of pregnancy; from a father, the mother being healthy, or from father and mother, both being infected. Infection of the fœtus may occur early with abortion as a result or the child may be born alive prematurely or be still-born at full term, or it may be born alive at full term, presenting lesions of syphilis, or it may appear healthy at birth but later develop the characteristic lesions. The infection of both parents increases the gravity of symptoms in the offspring. When a child is born alive with a well-defined syphilitic eruption, prognosis is invariably grave, disordered nutrition is revealed in the wrinkled skin, aged appearance, and arrested development of the offspring. Added to the usual eruption we may discover tubercles imbedded in the sub-cutaneous connective tissues and bullæ on various parts of the body, especially on the limbs and feet. In most cases the child is born apparently healthy, the disease developing later, but usually within three months from date of birth. If a child remains plump and healthy for four or five months after birth, it is reasonably certain it has escaped infection. Children born with an eruption usually have visceral lesions and die from inanition or digestive disorders. When the infant presents a healthy appearance at birth, but a few weeks later becomes anemic and rapidly wastes away, suffers from indigestion and diarrhœa, has a dingy, muddy skin, hanging loosely on a body robbed of its subcutaneous fat, with a pinched and senile countenance, coryza and snuffles and the accompanying eruption of maculo-papules diffused over the body, prompt and thorough treatment is imperative. With it, the grave symptoms rapidly disappear. Without it, every feature of the disease becomes aggravated. The mucous membranes of the nasal passage ulcerate, the nasal bones become carious and portions are discharged, the nose becomes flattened and blocked by accumulated crusts, preventing the child from nursing and depriving it of the nourishment necessary to maintain life, finally the vital forces collapse and death ends the scene.

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The above history includes what may properly be termed the infantile period of congenital spyhilis. If a child under ordinary treatment passes through this acute stage, it may go on to mature life without suffering from the effects of the poison or may remain more or less burdened with disease. In the latter case we have what may be termed a latent stage in which there may be no return of the characteristic symptoms, but there will be an anemic condition of the child, coupled with arrested development, either general or limited to special organs. This condition may continue up to about the period of second dentition, when the tertiary stage supervenes, marked by lesions of the bones, subcutaneous tissues, viscera and nervous system. We may have a gummy periostitis affecting the posterior surfaces of the proximal phalanges of the fingers or toes called "dactylitis syphilitica," deformities of the cranium, bony tumefactions of the shafts or extremities of the long bones, gummy infiltration of the soft palate with subsequent destruction of tissue. Keratitis and iritis are frequent accompaniments of this stage. Deafness, partial or complete, may follow purulent otitis, and finally an irregular development of the teeth, atrophy of the middle lobes of the upper incisors, producing what is known as a screw driver or notched appearance. The spaces between the teeth are increased, and their implantation abnormal, converging or diverging at times and presenting other anomalies of development. Treatment of congenital syphilis is the same as that of the acquired form. Mercury is the supreme remedy. The method of administration must be adapted to the requirements of age and development of organs. For the adult, protoiodide of mercury is usually the best preparation, but for the puny undeveloped infant it will not answer. Mercurial ointment with equal parts of vaseline should be applied to the stomach and chest by being rubbed on these parts, and spread on lint and kept in place by a bandage. This application may be renewed every two or three days. In some cases mercury with chalk may be given by the mouth, accompanied by small quantities of sub-carbonate of iron. The later lesions would be benefited by iodide of potassium. Diet and hygiene are important aids in the management of these cases. Treatment should be continuous for six months at least, and six months afterwards at occasional intervals.

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TREATMENT OF TYPHOID FEVER.

The innumerable methods of treating typhoid fever, now advocated by equally competent physicians, result from their widely different views of its etiology and pathology. Until these important points are definitely ascertained and settled by incontestable evidence, we may expect to find the field of literature, relating to this disease, preempted by the champions of "Serum Therapy," "Hydrotherapy," "Abortive Treatment," "Rational Treatment," etc. The advocates of any theory understand how to support their claims with clinical testimony of the 'most convincing character' and, in fact, resort to this kind of corroboration so readily, we feel, at times, more inclined to accept their unsupported statements than the records which serve so many variegated purposes. Those who advocate "Serum Therapy" as an exclusive method, believe the bacillus of Eberth to be the exclusive cause of typhoid fever. While it is generally conceded to be the leading etiological factor, in consequence of its almost constant association with the lesions of this disease, still the lesions characteristic of typhoid fever do occur sometimes in malarial fevers of the continued or remittent type, where the usual infective causes of enteric fever are in operation. We must therefore infer that other causes than the typhoid bacillus may produce the pathological changes witnessed in this disease. If this is a fact, or if typhoid fever may even be modified by atmospheric or climatic environments, Serum Therapy by itself would be an inadequate method of treatment. It would only prove effective on the theory that typhoid fever is an entity originating in a single cause, and that cause, the bacillus of Eberth. If we have lesions of the solitary and agminate glands as features of malarial fever and neglect to give quinine, on the theory that we have a disease due solely to the typhoid bacillus, our error might cause the death of our patient. If on the other hand we ignored enteric complication and depended upon quinine to cure the patient, our error might prove equally disastrous. The same results would be apt to follow hydrotherapy or any other single method of treatment. The wisest course to adopt would be to regard typhoid fever as the possible product of a union of pathological factors and institute a rational method of treatment, broad enough to meet any complication that might supervene. When the group of symptoms, constituting what we call enteric or

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typhoid fever, are clearly traced to infection, derived from fecal contaminations, we are forced to assign to them a bacterial origin. The typho-toxine, through neglect of proper sanitary restrictions, gains access into and contaminates the water drank, or the food ingested by the patient, and utilizes the alimentary canal as a main medium of self propagation. The lower part of ilium, which is an alkaline medium, supplies a suitable habitat for its development. The micro-organisms invade the solitary and agminate glands of this locality and produce the lesions pathognomonic of enteric fever. First, the parts invaded become hyperemic, infiltration follows, then from the pressure exerted by the infiltration on blood vessels, the circulation of blood in this part is arrested, necrosis and ulceration supervene with perforation, peritonitis and sudden death is a frequent result. The rational method of treatment, for the above morbid conditions, would be early and continuous purgation of an unirritating character. No drastic purgatives should be prescribed. Rochelle Salts, ℥2; Powdered Rhubarb, ℥ss; Sulphur Sublimate, ℥ss; Powdered Cinnamon, ʒ1; White Sugar, ℥2; may be rubbed up and made into a powder, of which a teaspoonful should be given in a little water every two or three hours. The action of the powder is mild but thorough. It favors the removal of toxine and at the same time prevents the hyperemia and infiltration of the glands usually involved in this disease, or at least favors resolution of infiltrations, which under other circumstances might culminate in ulceration and perforation. Another benefit derived from this part of our treatment is its counteracting influence on high temperatures. In high temperatures there is now a strong sentiment in favor of hydrotherapy in the treatment of typhoid fever. The sentiment, with many able physicians, has grown to such an extent as to elevate this mode of reducing temperature, to the dignity of a "method" of treatment for enteric fever. The objections urged on the other hand by many progressive medical men are not without weight. The excitement and disturbance of a patient as well as fatigue, which result from transferring him from the bed to a bath, in many instances more than offset the benefits obtained, and besides there are so many conditions accompanying typhoid fever which would preclude its use, that it cannot well be adopted in general practice. We have effective antipyretics which in dangerously high tempera-

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tures may be supplemented by cold packing, sponging and the douche. Such resources are safer and always attended by equally as good, if not better, results. In malarial districts quinine is a useful adjuvant. It eliminates malarial complications and besides possesses antipyretic and antseptic properties which materially support other measures intended to mitigate grave symptoms. It is important in the early stage of typhoid fever to relieve the frequently accompanying symptoms of headache and insomnia. Lactophenin, in addition to its antipyretic properties, is also a safe, efficient analgesic and sedative which rarely fails to relieve the above morbid conditions. In Ander's "Practice of Medicine" it is highly recommended and may be given safely in from 7 to 15 grain doses or 1½ drams daily; when pathological conditions indicate, large doses. In the latter part of the second week or first part of the third week, should the enteric lesions culminate in ulceration with tympanitis, there is nothing equal to turpentine for remedial purposes. It is best given in emulsion in 10-drop doses every 3 hours, combined with 2 drops of oil of cinnamon and 1 dram of glycerine. To emphasize the foregoing principles of treatment we append the following clinical case, copied from our record, of recent date.

Sept. 2d we were called to see Mr. B—., age 35, occupation, superintendent of Chemical Works. Had been feeling badly for several days; suffered from headache, anorexia, insomnia, general weakness, tenderness in the right iliac region, pains in the back and limbs, thirst, chilly sensations attended with sensations of heat. Had experienced two or three slight attacks of vertigo, followed by bleeding of the nose. He did not think he was very sick, but his symptoms were unusual and alarmed him on account of the nervous disturbance and unaccountable weakness they produced. Examination elicited the following information. Temperature 100, pulse 90, countenance dull, hearing dull, skin hot and dry, urine scant and high-colored, specific grevity 1055, tongue covered with a creamy coating, edges and tip bright red; slight tympanitis with tenderness and gurgling on pressure in the right iliac region, bowels constipated, muscular prostration marked, had been drinking well water of doubtful purity, resided in malarial district and has recently suffered from occasional attacks of malarial fever. Diagnosis: Enteric fever with malarial accom-

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paniments. Prescribed a powder composed of calomel, gr. 2; powdered rhubarb, gr. 10; to be followed in six hours with seidlitz powder. Then the following medicine was to be given. Quinine sulph. ʒss; lactophenin, ℥ 1; to be made into capsules no. 16, of which one capsule was to be taken every two hours. Diet: Milk and beef tea. September 3d, temperature, 4 o'clock a.m., 101; pulse 92, 4 o'clock p.m. temperature 102, pulse 95, other symptoms unchanged, prescription contineed. September 4th, bowels moved freely, temperature in the morning 100, pulse 91; in the evening, temperature 101, pulse 93, urine improved and increased in quantity. Prescription continued ordered sponging of the body with vinegar and water at temperature of 70 deg., every three hours. September 5th, 4 a.m., temperature slightly reduced, pulse 90; 4 o'clock p.m., temperature 101, pulse 92, symptoms slightly improved, tongue still coated. September 6th, symptoms about the same. Discontinued quinine but continued lactophenin in 5 grain doses every three hours. Prescribed Rochelle salts, rhubarb, sulphur, cinnamon, and white sugar in the proportions already mentioned, a teaspoonful in a wine-glass of water to be taken every 3 or 4 hours. Sponging the body to be continued. September 7th, condition of patient much the same, excepting the temperature and tenderness in the iliac region which were more marked and the characteristic petechial eruption had now appeared. Prescribed 8 grains of lactophenin every 3 hours. Continued the purgative powder and prescribed turpentine in 10-drop doses combined with oil of cinnamon and glycerine in proportions above mentioned, to be taken every two hours. This patient from now on improved slowly every day with a continuation of the treatment until convalescence was thoroughly established. The only changes in treatment ordered were the reduction of doses and a lengthening of intervals between them. Sixteen days from beginning of treatment the patient was thoroughly convalescent.

Valuable Remedies Worthy of Attention.

Especially at this season are the tablets of "antikamnia and codeine," each containing 4¾ grains sulphate codeine, worthy of attention in the treatment of pulmonary diseases. This combination is a sedative to the respiratory centers in

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both acute and chronic disorders of the lungs. Cough, and in fact nearly all neuroses of the larynx are in the vast majority of cases, promptly and lastingly relieved, and often entirely suppressed. In the treatment of LaGrippe and its sequelæ, its value is highly esteemed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; this combination does this, and in addition controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. Exhibited in the grinding pains which precede and follow labor; in the uterine contractions whihc often lead to abortion; as well as in the nocturnal pains of syphilis, the results obtained are most satisfactory. In the various neuralgias, and in all neuroses due to irregularities of menstruation, this combination affords immediate relief, and the relief is not merely temporary and palliative, but in very many cases curative. In these last conditions, always instruct that tablets be crushed before taking.

The Laryngoscope.

Beginning with the January issue, Messrs. John Wright & Co., of Bristol, England, will publish a foreign edition of the *Laryngoscope*. The importance of the specialties treated and and the high plane upon which this jonrnal is conducted, entitle this publication to international recognition. We congratulate our neighbors on their new departure, and hope to see it supplemented later on by French and German editions.

Neurosine contains no Morphine, Chloral of Opium, altho' it is the most powerful narcotic obtainable. The standard remedy for the treatment of all forms of Nervous Disturbaces. Anodyne and Hypnotic. The most efficient and trustworthy agent for the relief of Hysteria, Epilepsy, Neurasthenia, Mania, Chorea, Uterine Congestion, Neuralgia, Migraine, Delirium Tremens, Asthma, Spermatorrhœa and all convulsive and reflex Neuroses. The remedy par excellence in Delirium and restlessness of Fevers.

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Clinical Report of Scald.

By H. H. Cheatham, M. D.

I desire to report a case of very severe scald in a child two years of age. The child was unfortunate enough on October 16th, 1897, to turn over on herself a coffee-boiler containing grounds and coffee, which were on the stove boiling, badly scalding the right side of the head, face, neck, arm and breast. When I first saw it the eye was completely closed, a great deal of œdema in the eyelids and surrounding tissues, and the skin completely stripped off the above portions. I was fortunate enough to have a bottle of Campho-Phenique in my possession, and diluting it one-half with linseed oil with a piece of cotton as a swab, I made a local application, afterwards dusting with corn starch. Before I had finished dusting the corn starch the child had completely ceased her cries and was quiet, and had a good nights rest. The following morning I ordered a bottle of citrate magnesia, one glass to be taken morning and night. On the second morning I replaced the dressings with the use of Campho-Phenique and powder. Had a very quick recovery, with the exception of one small spot at the elbow, which was possibly two or three weeks in healing. There was no contraction of tissue except at the point of the elbow, which was very slight. This was the most severe case of scald it has been my fortune to meet. Will say that the application of the above preparation has given me most beautiful results, and would recommend its trial in all cases of burn or scald.

2616 Marcus Avenue.

TREATMENT OF GASTRIC ULCERATION: CASE.

By T. J, Biggs, M. D.

Sound View Hospital, Stamford, Conn.

Too often, ulcer of the stomach is not diagnosed until the post mortem. In five per cent. of those dying from all causes, ulcers either cicatrized or open, are found in the stomach; the scars of them being the more common. The female sex is

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more subject to them than the male; which may perhaps be due to the fashionable compression of the waist. The age of greatest liability to this form of disease is from twenty to forty years. It seldom occurs in young children. It oftenest attacks anæmic or chlorotic individuals, and is not infrequently associa- with tuberculosis. Ulcers are usually situated in the posterior wall of the stomach, near the pylorus, and closer to the lesser curve. They vary in diameter from half an inch to two inches, though they may be even much larger. The usual shape is round or oval, with an oblique funnel shape becoming smaller as it extends more deeply. The depth varies; sometimes involving only the mucous coat, at other times extending to deeper structures, and even perforating the stomach wall.

Gastric ulceration results from self-digestion of a part of the stomach wall by the gastric juice. This is prevented in the normal stomach by the circulation of alkaline blood in the gastric mucous membrane. Its most frequent cause is malnutrition of the stomach due to altered states of the blood, as in anæmia and chlorosis. It also results occasionally from chronic congestion, such as seen in chronic gastritis or disease of the right side of the heart. It may follow disease of the left side of the heart, when the branches of the gastric artery become plugged with emboli. General dyspeptic symptoms may or may not be present. Symptoms due to the disease which causes the ulcer are complained of. The specific symptom is pain which is fixed and does not radiate; usually under the ensiform cartilage and between the scapulæ; is increased by pressure, and immediately upon taking food; but often occurs in paroxysms independent of these causes. Vomiting occurs soon after taking food, from irritation; the matter vomited often containing blood streaked mucus. There is hæmorrhage in fifty per cent. of cases; varying in amount, and generally black, unless the ulcer is very large. The prognosis is generally favorable under proper treatment and good conditions; depending also somewhat on the cause.

TREATMENT.

The treatment should consist in rest, close attention to diet and secretions, and medicines applied symptomatically from time to time. Absolute rest in bed should be enforced until the symptoms have subsided. In chronic cases absolute rest is

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not so necessary; though care should be observed in this respect in such cases also. The food must be easy of digestion and non-irritating, taken in small quantities and often. If the case is severe, rectal feeding should be adopted until the stomach is able to retain food comfortably. For the well informed practitioner it is needless to remark that bovinine is the nourishment tacitly indicated in all such cases; using anywhere from ten to thirty drops, according to the case, every one or two hours, in milk that has been boiled, or cold bouillon. The reason why bovinine is so evidently the specific nourishment for such cases, lies in the fact that it involves but one process of assimilation to the blood, namely, the conversion of the egg albumen contained in it to albuminose: the bulk of the liquid being blood, ready to be absorbed directly into the circulation, as perfected *nutrition* instead of mere nutriment or food. Thus the stomach gets almost absolute rest, even while receiving this nourishment, since, as is well known, the egg albumen itself is passively absorbed into any part of the digestive tract; and so the most perfect nutrition of the system, including the diseased part of the stomach itself, is kept up without interruption, without irritation, and without injurious functional labor.

CATALOGUE CASE No. 10. CHRONIC ULCERATION (GASTRIC)

CXV.

Miss E—— R——, of Newark, N. J., English: age 46; admitted to Sound View Hospital September 10, 1897; Gastric ulcer, all symptoms present a well-defined chronic case. General dyspepsia, of more or less flatulent form; fixed pain under the ensiform cartilage, extending back between the scapulæ, much increased by pressure, and also greatly aggravated immediately on taking food. There were also paroxysms of pain independently of food or pressure. The patient usually vomited after eating; the vomited matter usually containing blood streaked mucus. She had suffered four hæmorrhages of the stomach. The case was of six months standing, as near as I could learn, and had received many of the usual forms af treatment.

On September 12th, the patient's stomach was gently washed out with a twenty per cent. solution of boracic acid. Absolute rest in bed was insisted on. Twenty drops of bovi-

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nine were administered every hour in a tablespoonful of lime water. Her functions also regulated, and bowels washed out once in forty-eight hours with an enema of glycerine and soap suds.

At the end of forty-eight hours, the patient said she felt greatly relieved of pain, and had not vomited in six hours.

On the 14th, the bovinine was increased to thirty drops every hour, in lime water and cold bouillon. Also was given ten drops of tincture of nux vomica and fifteen drops peroxide of hydrogen, three times a day; care being taken, of course, to see the bovinine and peroxide of hydrogen were not taken at the same time

Patient now showed decided improvement; pain occurred only at intervals, and with much less severity; vomiting had ceased entirely; there had been no hæmorrhage; and a decided change for the better in the general physical and mental condition was apparent. It has been remarkable, thus far, to note the rapidity with which the pain was removed: a phenomenon always attendant on the application of bovinine to painful ulcerations, but which has not yet been decisively accounted for by the theories that have been suggested.

On September 21st—the bovinine, nux vomica, and peroxide of hydrogen, having been continued—the progressive improvement permitted the patient to take boiled milk, butter milk, and barley gruel. This treatment continued unchanged till October 1st, when the bovinine was increased to a teaspoonful every two hours, principally in cold bouillon; the nux vomica and peroxide being continued. The next change was on October 15th, when the bovinine was increased to a tablespoonful in old port wine, and the peroxide was discontinued but not the nux vomica.

The patient could now be allowed a certain amount of daily exercise in the open air. She now suffered no pain whatever, further than some soreness to pressure; no nausea or vomiting; and the dyspeptic symptoms had almost entirely disappeared.

Bovinine and nux vomica were continued as above, and five grains animal charcoal were given after each taking of bovinine, to correct a tendency to fermentation, there having been observed on the 13th and 14th considerable accumulation of gas. After a few doses of charcoal, this symptom was en-

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tirely relieved. On the 20th the charcoal was discontinued; nux vomica and bovinine still as before, until November 1st.

November 1st: at this time, outside of a little soreness under pressure, the patient seemed entirely restored to health. She was, however, advised to continue the treatment, which she faithfully did, up to the 18th; when a thorough and careful examination, physical and microscopical, revealed the ulcer entirely healed and health perfectly restored. The case will be watched for some months further, and recalled hereafter.

Ophthalmia Neonatorum.

The law of many states requires the obstetrician to use prophylactic measures to save the sight of newly born infants. A safe, harmless and profitable procedure is the thorough cleansing of the conjunctiva with a 25 per cent. solution of "Palpebrine" and the application of a few drops, full strength into the eyes shortly after birth. Many physicians make it a routine rule to use "Palpebrine" even if there is no evidence of liability to infection. "Palpebrine" is an antiseptic, germicide and slightly astringent solution. The Dios Chemical Co., St. Louis, will mail sample and formula on application.

The Relief of Ocular Pain.

In a practical review of the available measures for relief of ocular pain, including hot water fomentations, ice cold compresses, leeching, counter-irritation, anesthetics and analgesics, the Atlantic Medical Weekly (edityrially, Nov. 20th, 1897) says: "Of them all (referring to cold-tar deriviates) lactophenin is probably the safest and quite as efficient as any. In ten to fifteen grain doses the pain of an iritis is sometimes relieved for hours, at any rate long enough to allow the patient to get needed sleep. In glaucoma secondary to a dislocated lens, where all the effect of an iridectomy had been produced by the injury itself, this drug was the only one save morphia which gave relief. The pain of herpes zoster ophthalmicus, which is so persistent and severe, was also relieved in great measure by this drug in one case where morphia failed to produce any alleviation of the suffering."

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INTERNATIONAL CLINICS: A quarterly of clinical lectures on Medicine, Neurology, Surgery, Gymcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology. And specially prepared articles on Treatment by professors and lectures in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judon Daland, M.D., (Univ. of Penn.) Philadelphia; Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania; Professor of diseases of the Chest in the Philadelphia Polyclinic; Fellow of the College of Physicians of Philadelphia.—J. Mitchell Bruce, M.D., F. R. C. P., London, England; Physician to and Lecturer on the Principles and Practice of Medicine in the Charing Cross Hospital. David W. Finlay, M.D., F. R. C. P., Aberdeen, Scotland, Professor of the Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume Three, Seventh Series, 1897, Philadelphia; J. B. Lippincott Company, 1897.

The strong points in favor of the above volume are the important and practical subjects considered, the brief and lucid method of their treatment, and the high standing of its contributors. This volume reflects the most advanced thought of the representative members of the medical Profession. It will prove a safe guide to the practitioner in his daily work, and will be equally serviceable to specialists. It is creditable alike to the contributors, editors and publishers.

SURGERY OF THE RECTUM AND PELVIS. By Charles B. Kelsey, A.M., M.D., New York, Professor of Surgery of the New York Post-Graduate Medical School and Hospital; member of the New York Academy of Medicine, Etc. With two hundred and eighty-one illustrations and half-tone plates. New York, Richard Kettles & Co., No. 129 Fifth Ave., 1897.

This beautiful and valuable book of 554 pages differs from most other works of kindred subjects by extending its scope and including Surgery of the Pelvis. As these two branches of Surgery are, in many respects, closely allied, they are as much entitled to a duality of treatment as the nose, ear, and throat are to be viewed as a trinity in Surgery. This feature of the book will very materially enhance its value, especially to the general surgeon. The author treats every subject in a clear and practical light, in harmony with the improvements and discoveries of modern research. The subjects are judiciously arranged, and all special procedures are amply illustrated. This

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treatise possesses a high order of merit, both as a text book for students and for reference purposes to practitioners.

STIRPICULTURE OR THE IMPROVEMENT OF OFFSPRING THROUGH WISER GENERATIONS. By M. L. Holbrook, M.D., Editor of *The Journal of Hygiene*, Author of "Hygiene of the Brain," "How to Strengthen the Memory," "Advantages of Chastity," etc., etc. New York, M. L. Holbrook & Co. London, L. N. Fowler & Co., 1897.

If human beings would subject the propagation of their species to the same restrictions and conditions that they apply to their favorite domestic animals the human race would be wonderfully improved. Love, passion, romance and greed of money are permitted to override the laws which should govern the reproduction of the human species. Disease and crime are perpetuated as a result of unrestricted matrimony or unlicensed sexual commerce. This book teaches a lesson which we might study with advantage. The contents are as follows: Stirpiculture, Prenatal Culture, Heredity and Education, Evolution's hopeful promise for a healthier race, the Germplason—its Relation to Offspring, Fewer and Better Children, A Theometrical Baby.

THE PHYSICIANS' AND SURGEONS' POCKET DICTIONARY OF MEDICAL TERMS. By Ransom L. Mitchell, M.D., St. Louis, Mo. Katharmon Chemical Co., 117 Washington Ave.

The above is a very neat and useful little book, convenient to handle or carry, and useful for reference purposes. It also contains some interesting reading matter at the bottom of each page. Copies can be had by applying to the Katharmon Chemical Co., 117 Washington Ave.

STUDENTS' MANUAL OF MEDICAL JURISPRUDENCE. By R. C. Blackmer, C.M., M.D. Published by the author, 6746 Waldemar Ave., St, Louis, Mo., 1897.

This book is in every sense creditable to the author. The subjects are judiciously selected, well arranged for the instruction of students, and ably presented. It contains all the information needed by the physician for self-protection in the practice of his profession. This Manual will be sent to any address, by mail, on receipt of $1.10.

ILLUSTRATED CATALOGUE OF BATTERIES AND ELECTRO-THERAPEUTICAL APPLIANCES. 16th edition. McIntosh Battery and Optical Co., 521-31 Wabash Ave., Chicago, Ills., 1897.

This catalogue surpasses anything yet published in the line of Electro-Therapeutic equipments. It contains nearly

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300 pages, with innumerable illustrations of batteries, appliances, etc., as well as literature bearing upon the diseases and pathological conditions in which electrotherapy is indicated. Those who obtain this catalogue will not value it alone as a price list, but will accord it a place in their libraries on account of the instructive reading matter it contains.

AN EPITOME OF THE HISTORY OF MEDICINE. By Roswell Park, A.M., M.D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with portraits and other engravings. One volume, royal octavo, pages xiv—348. Extra cloth, beveled edges. $2.00 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 Forty-Second Street, New York; 9 Lakeside Building, Chicago.

Every physician should be familiar with the history of medicine. This kind of knowledge should underline the structure of his medical education. He is incapable of estimating or appreciating the value of medical science as it now exists without studying its evolution and transition from empiricism to the high plane it now occupies. We know of no better source from which this knowledge can be obtained than the above "Epitome on the History of Medicine." It is one of the few books that ought to be in the hands of every physician. The contents are arranged as follows: 1st, Age of Foundation; 2d. Age of Transition; 3d, Age of Renovation; 4th, History of Medicine in America; 5th, History of Anesthesia; 6th, History of Antiseptics; 7th, An Epitome of the History of Dentistry. An additional and most valuable feature of this book is a large collection of beautiful portraits of representative medical men from early days down to the present time.

THE PRACTICE OF SURGERY. A Treatise on Surgery for the use of Practitioners and Students. By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Pennsylvania; Surgeon to the Presbyterian and the Children's Hospitals; Assistant Surgeon to the Hospital of the University of Pennsylvania; Consulting Surgeon to the Bryn Mawr Hospital; Fellow of the American Surgical Association. And B. Farquhar Curtis, M. D., Professor of Clinical Surgery in the New York Post-Graduate Medical School and the Woman's Medical School of the New York Infirmary; Fellow of the American Surgical Association. Profusely illustrated. Philadelphia: J. B. Lippincott Company, London, 6 Henrietta Street, Covent Garden, 1898.

The above treatise, containing 1214 pages, in a practical scientific and condensed form, embraces the management of surgical cases in every department of medical science. A book of such extensive scope must necessarily be brief in its treatment of subjects. But while theoretical discussions are avoided,

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the essential points of surgical principles and procedures are clearly presented, on lines in harmony with accepted modern innovations. Bacteriology, asepsis and antisepsis are duly recognized in the discussion of subjects to which they are related. Many subjects not directly connected with surgery are briefly touched upon, especially those which are not strictly assigned to any special department of medicine. Special forms of infection, Bandaging and General Surgical Technique, receive special notice. On the whole this book possesses merit of a high order, and will be found useful alike to practitioners, specialists and students.

At the Fourth Annual Meeting of theAmerican Medical Publishers' Association, held in St. George Hall, Philadelphia, on May 31st, the following resolution was introduced and adopted:

Whereas, The Imperial Granum Company has announced the withdrawal of all its advertising from the Lay Press, and signifying its intention of using Medical Mediums only in the future, therefore be it

Resolved, That the American Medical Publishers' Association, in session at Philadelphia, hereby endorses and commends this action of the Imperial Granum Company, and further recommends this course to other manufacturers who desire the support and co-operation of the Medscal Profession.

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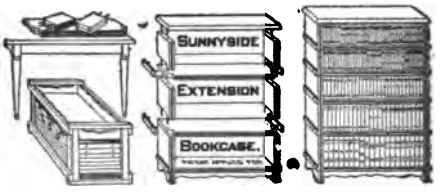

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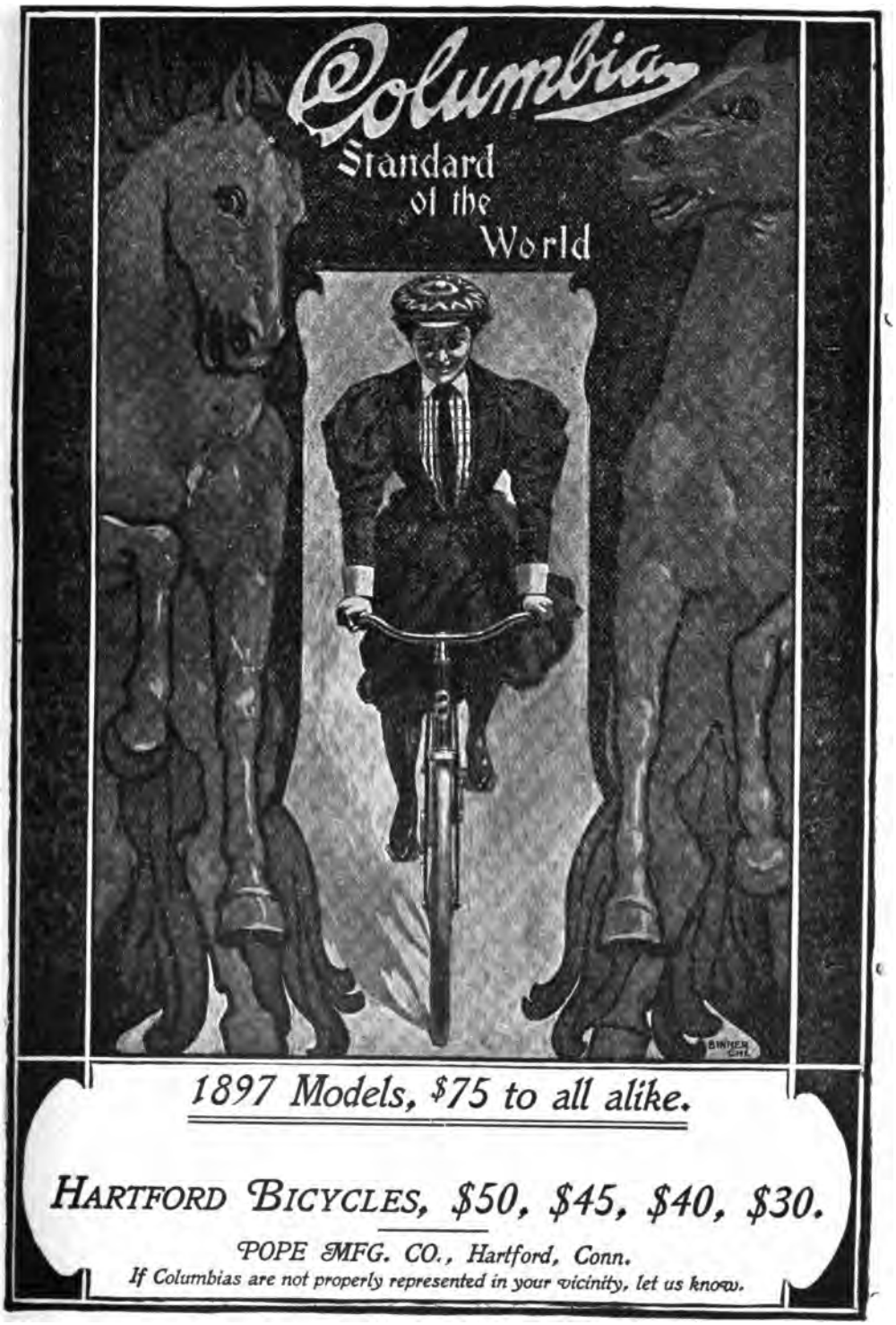

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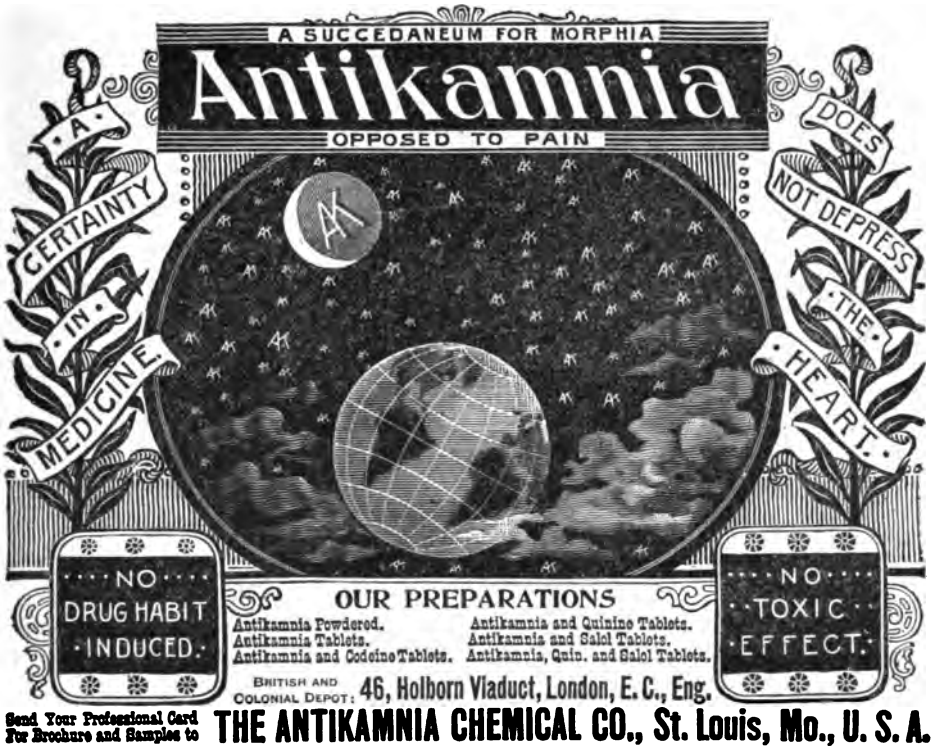

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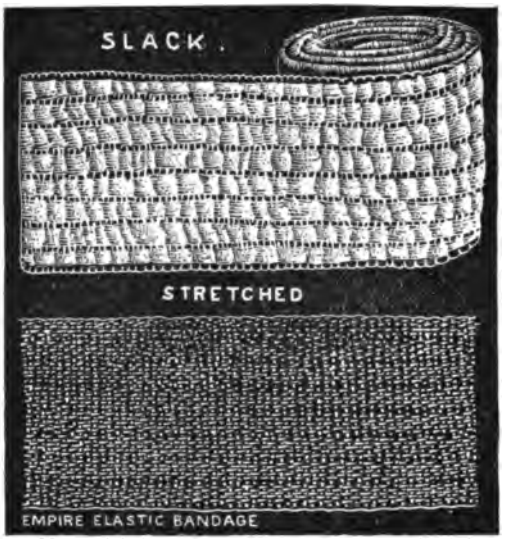

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THE COMPANY OWNS (1) THE UNITED STATES TUNNEL, secured by U. S. patent, situated in Clear Creek and Gilpin Counties, Colorado. The tunnel begins at Hukill Gulch, half a mile from the town of Idaho Springs (36 miles by railroad from Denver), and runs through Bellevue Mountain, under the rich group of mines at the head of Virginia Canon, across the most productive part of Russell District, through the very heart of Quartz Hill, and into the midst of the best mines of Gunnell and Eureka. The entire distance is three and a quarter miles, and from mouth to terminus the tunnel runs through continuous gold-producing territory, found in true fissure veins. Of the gold-bearing veins directly crossed by the tunnel, 114 have been already developed and patented, and as many more have been discovered and worked. Work on the tunnel was begun in 1895, and has been continued since. Five hundred feet has been already completed, and a railroad tramway has been laid the full distance. (2) FIFTEEN MINES, each 1,500 feet on the lode by 150 feet in width, located on the line of the tunnel. Ore rich in gold has already been struck in several of these mines, and as the whole group lies directly within a well known belt of productive lodes, with many producing mines to north, south, east and west of them, there can be no possible doubt that they will prove good paying mines. The Omaha, Wabash, Big Four, and Gazette, are particularly promising. They have each shafts from 15 to 30 feet deep, and the veins thereon are from four to five feet wide, and assay from $7.00 to $21.00 in gold. (3) THE MILL SITE, consisting of 53 acres of patented ground, immediately adjoining the town of Idaho Springs, and close to the Colorado Central Railroad. This site is ample for mills, smelting and all other purposes. (4) WATER PRIVILEGES, covering the water rights on South Clear Creek and Chicago Creek, giving 200 horse power, which is sufficient for all company purposes.

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Hauling	$613,200	$306,600
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Power Supply . . .	100,000	50,000
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Milling (1,500 tons daily) .	821,250	273,750
Total . .	$1,684,450	$780,350

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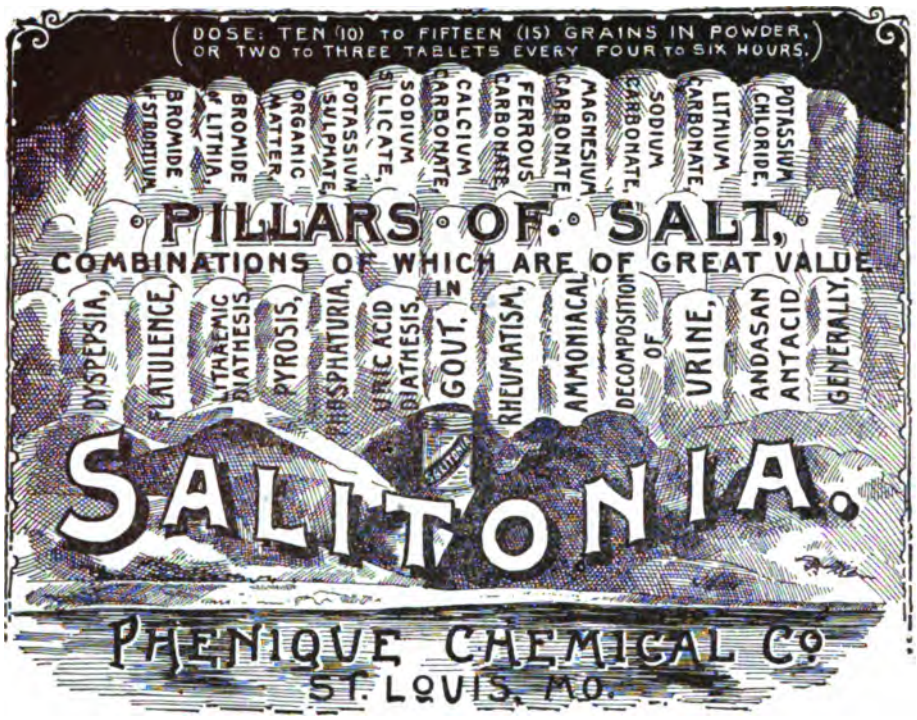

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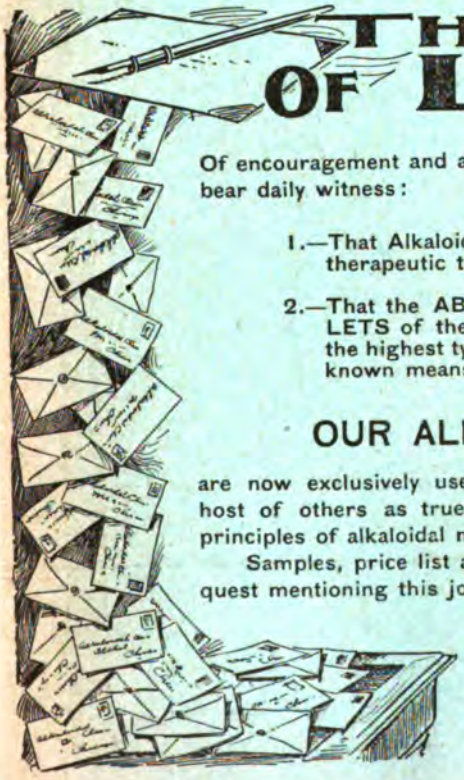

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